



KRIS LACHANCE

↓  
SUPPORTS  
SB 537

## POLICY FOR MINOR'S

### TATTOO AGE POLICY:

ALL CLIENT'S UNDER 18 YEARS OF AGE **MUST** HAVE THE WRITTEN CONSENT OF THEIR PARENT OR LEGAL GUARDIAN. THE PARENT & MINOR MUST PRESENT A VALID, GOVERNMENT ISSUED PHOTO I.D.

- ★ **NO ONE UNDER 16 YEARS OLD WILL BE TATTOOED AT SPLASH OF COLOR.**
- ★ **MINORS WILL NOT, UNDER ANY CIRCUMSTANCE, BE TATTOOED ON THE FACE OR NECK, CHEST, BELOW THE ELBOW, OR IN THE PELVIC/BIKINI REGION.**
- ★ **PARENT MUST REMAIN ON THE PREMISES FOR THE DURATION OF THE ENTIRE PROCEDURE.**

IF AN EXTENUATING CIRCUMSTANCE PRESENTS ITSELF, THE AGE POLICY CAN BE MODIFIED IN ORDER TO ASSURE THE *HEALTH AND SAFETY* OF THE CLIENT. IT IS ULTIMATELY A COLLABORATIVE DECISION BETWEEN THE OWNER, KRIS LACHANCE, **AND** THE TATTOO ARTIST TO MAKE THIS DECISION, AS THE LIABILITY LIES UPON THE STUDIO, AND NOT THE INDIVIDUAL PRACTITIONER.

### PIERCING AGE POLICY

- ★ **NO ONE UNDER 12 YEARS OLD WILL BE PIERCED AT SPLASH OF COLOR.**
- ★ **AGE 12-13: EARLOBES ONLY**
- ★ **AGE 14-17 EARLOBES, HELIX, EYEBROW, NOSTRIL, NAVEL & LIP**
- ★ **AGE 18: \*ALL PIERCINGS\***
- ★ **MINORS MAY RECEIVE NO MORE THAN 2 PIERCINGS IN ONE SITTING.**
- ★ **MINORS WILL NOT, UNDER ANY CIRCUMSTANCE RECEIVE TONGUE, NIPPLE, GENITAL, SURFACE ANCHOR, OR CONCH PIERCINGS AT SPLASH OF COLOR. ABSOLUTELY NO EXCEPTIONS WHAT-SO-EVER!**
- ★ **PARENT MUST REMAIN ON THE PREMISES FOR THE DURATION OF THE ENTIRE PROCEDURE.**

IF AN EXTENUATING CIRCUMSTANCE PRESENTS ITSELF, THE AGE POLICY CAN BE MODIFIED IN ORDER TO ASSURE THE HEALTH AND SAFETY OF THE CLIENT, (*THIS CLAUSE EXCLUDES TONGUE, NIPPLE, GENITAL, SURFACE ANCHOR & CONCH PIERCINGS. 18 YEARS OF AGE & UP ONLY, NO EXCEPTIONS*). IT IS ULTIMATELY A COLLABORATIVE DECISION BETWEEN OWNER, KRIS LACHANCE, **AND** THE PIERCER TO MAKE THIS DECISION, AS THE LIABILITY LIES UPON THE STUDIO, AND NOT THE INDIVIDUAL PRACTITIONER.

### ALL MINOR CLIENT'S WILL ALSO NEED THE FOLLOWING:

- ★ PARENT **MUST** ACCOMPANY THE MINOR TO THE APPOINTMENT AND **BE PRESENT THROUGHOUT THE DURATION OF THE ENTIRE TATTOO OR PIERCING PROCEDURE.**
- ★ PARENT AND MINOR MUST PRESENT A VALID, GOVERNMENT ISSUED, PHOTO **I.D.** (DRIVER'S LICENSE, STATE IDENTIFICATION CARD, PASSPORT, OR MILITARY **I.D.**) WITH MATCHING LAST NAME AND ADDRESS.
- ★ IF THE MINOR DOES NOT HAVE A GOVERNMENT ISSUED **I.D.** THEN A BIRTH CERTIFICATE ALONG WITH A SCHOOL PHOTO **I.D.** IS ACCEPTABLE.
- ★ **IF THE PARENT & CHILD DO NOT SHARE THE SAME LAST NAME, A BIRTH CERTIFICATE OR PROOF OF LEGAL GUARDIANSHIP IS REQUIRED IN ADDITION TO VALID, GOVERNMENT ISSUED, PHOTO I.D.**
- ★ A MINOR TATTOO OR PIERCING RELEASE FORM MUST BE FILLED OUT BY **BOTH** THE PARENT AND MINOR IN THE PRESENCE OF A STAFF MEMBER.

# Splash of Color

## tattoo & piercing studio

### MINOR TATTOO RELEASE FORM

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_ hereby induce Splash of Color Tattoo & Piercing Studio to tattoo my son's/daughter's \_\_\_\_\_, and in consideration of its doing so, I hereby release Splash of Color Tattoo & Piercing Studio and its employees and agents, from all manner of liabilities, claims, actions and demands, in law or in equity, which I or my heirs have or might have now or hereafter by reason of complying with my request to have a tattoo performed on my son/daughter.

I FULLY UNDERSTAND that any employee or agent of Splash of Color Tattoo & Piercing Studio when performing a tattoo does not act in the capacity of a medical professional. The suggestions made by any employee or agent of Splash of Color Tattoo & Piercing Studio are just suggestions. They are not to be construed or substituted for advice from a medical professional.

I UNDERSTAND MY SON/DAUGHTER WILL BE TATTOOED using appropriate instruments and techniques. To ensure proper healing of my son/daughter's tattoo, we agree to follow the aftercare suggestions outlined in the written tattoo aftercare instructions provided until healing is complete. We understand that a tattoo usually takes 2 weeks or longer to heal.

WE WILLINGLY SUBMIT TO THESE PROCEDURES, with a full understanding of possible complications such as, but not limited to: infection, allergic reaction, or rejection of the ink.

WE HAVE RECEIVED A COPY OF THE WRITTEN TATTOO AFTERCARE INSTRUCTIONS, which we have read and fully understand. We hereby assume full responsibility for aftercare and cleanliness. We understand that by having this tattoo performed that a permanent change is being made to the body and no claims have been made regarding the ability to undo the changes made. We have signed this release on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ am / pm.

#### PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE MAY BETTER SERVE YOU

Have you eaten within the last 4 hours?	YES ☆ NO ☆
Have you had any alcoholic beverages in the last 8 hours?	YES ☆ NO ☆
Are you prone to fainting?	YES ☆ NO ☆
Are you prone to heavy bleeding?	YES ☆ NO ☆
Do you have to take antibiotics before seeing the dentist?	YES ☆ NO ☆
Have you taken aspirin, ibuprofen, or blood thinners within the last 24 hours?	YES ☆ NO ☆
Do you have a latex allergy?	YES ☆ NO ☆
Do you have any other allergies? If yes, what? _____	YES ☆ NO ☆
Are you pregnant?	YES ☆ NO ☆
Do you have any other conditions which might affect the healing of this tattoo?	YES ☆ NO ☆
How did you hear about Splash of Color? _____	

#### PLEASE PRINT THE FOLLOWING INFORMATION

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Parent Signature \_\_\_\_\_ Minor Signature \_\_\_\_\_ Age \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*By my signature above, I certify that I am the parent/legal guardian of the above named minor. I further understand that providing false information or producing false documents stating the above named minor's name and/or age to be other than correct, I am liable for prosecution.*

#### DO NOT WRITE BELOW THIS LINE!

Parent Photo ID/Type _____	ID # _____	D.O.B. ____/____/____
Parent Name as Written on ID _____	Artist _____	
Minor Photo ID/Type _____	ID # _____	D.O.B. ____/____/____
Minor Name as Written on ID _____	Fee \$ _____	
Description of Tattoo _____	Location on Body _____	
Reaction _____	Time IN ____:____ am/pm	Time OUT ____:____ am/pm

*I acknowledge that the sterilization method used was explained to my full satisfaction. I had the opportunity to ask questions regarding this procedure. All questions were answered to my satisfaction. All equipment used during the procedure was opened in front of me. I witnessed the disposal of the tattoo needle(s) into a regulated sharps container. Both written and verbal aftercare instructions were provided to me.*

Artist Initials \_\_\_\_\_ Parent Initials \_\_\_\_\_ Minor Initials \_\_\_\_\_

515 e. grand river avenue | suite f  
 e. lansing | michigan  
 517 333 0990



## MINOR PIERCING RELEASE FORM

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, HEREBY INDUCE SPLASH OF COLOR TATTOO & PIERCING STUDIO to pierce my minor child's \_\_\_\_\_ & in consideration of its doing so, I hereby release Splash of Color Tattoo & Piercing Studio & its employees and agents, from all manner of liabilities, claims, actions & demands, in law or in equity, which I or my heirs have or might have now or hereafter by reason of complying with my request to have a body piercing performed on my minor child. I FULLY UNDERSTAND that any employee or agent of Splash of Color Tattoo & Piercing Studio when performing a body piercing does not act in the capacity of a medical professional. The suggestions made by any employee or agent of Splash of Color Tattoo & Piercing Studio are just suggestions. They are not to be construed or substituted for advice from a medical professional. I UNDERSTAND THAT MY CHILD WILL BE PIERCED using appropriate instruments & techniques. To ensure proper healing of my child's piercing, we agree to follow the aftercare suggestions outlined in the written piercing-specific aftercare instructions provided to us until the healing process is complete.

WE UNDERSTAND THAT THIS TYPE OF PIERCING USUALLY TAKES \_\_\_\_\_ OR LONGER TO HEAL.

WE WILLINGLY SUBMIT TO THESE PROCEDURES, with a full understanding of possible complications such as, but not limited to: infection, allergic reaction, or rejection of the piercing. WE HAVE RECEIVED A COPY OF THE M.D.C.H. DISCLOSURE STATEMENT & NOTICE FOR FILING COMPLAINTS, AS WELL AS A COPY OF WRITTEN PIERCING-SPECIFIC AFTERCARE INSTRUCTIONS, both of which we have read & fully understand. We hereby assume full responsibility for the aftercare & cleanliness of the piercing. We understand that by having this piercing performed that a permanent change is being made to the body & no claims have been made regarding the ability to undo the permanent changes made. Parent Initial: \_\_\_\_\_ Minor Initial: \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE MAY BETTER SERVE YOU:

- |   |          |
|---|----------|
| → Have you eaten within the last 4 hours?   | YES / NO |
| → Have you consumed any alcoholic beverages within the last 8 hours?  | YES / NO |
| → Do you have any history of epilepsy, seizures, fainting or narcolepsy?  | YES / NO |
| → Do you have any history of hemophilia or excessive bleeding?  | YES / NO |
| → Do you have to take antibiotics before seeing the dentist?  | YES / NO |
| → Have you taken any medications that thin the blood and/or interfere with blood clotting?  | YES / NO |
| → Have you taken aspirin, ibuprofen, or blood thinners within the last 24 hours?  | YES / NO |
| → Do you have any history of allergies or adverse reactions to latex, pigments, dyes, disinfectants, metals or other sensitivities related to body piercing procedures? | YES / NO |
| → Do you have any other allergies? If yes, what? _____  | YES / NO |
| → Are you pregnant or breastfeeding?  | YES / NO |
| → Do you have any conditions which may affect blood circulation and/or ability to fight infection?  | YES / NO |
| → How did you hear about Splash of Color? _____   |          |

### PLEASE PRINT THE FOLLOWING INFORMATION:

MINOR'S NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PARENT'S SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MINOR'S SIGNATURE \_\_\_\_\_ AGE \_\_\_\_\_ TIME \_\_\_\_\_ : \_\_\_\_\_ P.M.

By my signature above, I certify that I am the parent/legal guardian of the above named minor child. I further understand that I am liable for prosecution if I provide Splash of Color Tattoo & Piercing Studio with false information or produce false documents stating the above named minor's name and/or age to be other than correct.

### PLEASE DO NOT WRITE BELOW THIS LINE.....

PARENT Photo ID/Type \_\_\_\_\_ ID # \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 PARENT Name as Written on ID \_\_\_\_\_ Piercer \_\_\_\_\_  
 MINOR Photo ID/Type \_\_\_\_\_ ID # \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MINOR Name as Written on ID \_\_\_\_\_ Fee \$ \_\_\_\_\_  
 Jewelry Inserted \_\_\_\_\_ Time IN \_\_\_\_:\_\_\_\_pm Time OUT \_\_\_\_:\_\_\_\_pm  
 Reaction \_\_\_\_\_

We acknowledge that the sterilization method used was explained to our full satisfaction. We had the opportunity to ask questions regarding this procedure. All questions were answered to our satisfaction. All equipment used during the procedure was opened in front of us. We witnessed the disposal of the piercing needle(s) into a regulated sharps container. Both written & verbal aftercare instructions were provided to us. Piercer Initial: \_\_\_\_\_ Parent Initial: \_\_\_\_\_ Minor Initial: \_\_\_\_\_